

18-004.34 Non-Physician Care Providers: NMAP Nebraska Medicaid covers services provided by "non-physician care providers" under the following conditions:

1. The non-physician care provider must meet the following definition: An individual trained to assist or act in the place of a physician, such as physician assistant, medical specialty assistant, medical services assistant, clinical associate, surgical assistant (graduate physician assistant who has completed a CAHEA accredited surgical residency program), who has received the training required by the specific title;
2. The service provided by the non-physician care provider must be within the scope of practice as defined by state law; and
3. The non-physician care provider must provide the services under a practice agreement between the non-physician care provider and his/her supervising physician, and must be approved by the Board of Medicine and Surgery in the Nebraska Department of Health and Human Services or the appropriate licensing agency in the state in which s/he provides the services.

~~Claims for services provided by non-physician care providers must be submitted on Form CMS-1500 or the standard electronic Health Care Claim: Professional transaction (ASC X12N 837) under the supervising physician's provider number.~~

18-004.34A Physician Assistant Services: Nebraska Medicaid covers physician assistant services under the following guidelines: To participate in Nebraska Medicaid, the physician assistant must be licensed by the Nebraska Department of Health and Human Services Division of Public Health as required by 172 NAC 90. The written scope of practice agreement between the physician assistant and the physician must be on file as required by Neb. Rev. Stat. § 38-2050. The physician assistant is approved for enrollment under a group provider agreement with the physician with whom s/he has a practice agreement. Nebraska Medicaid covers those services determined to be medically necessary.

18-004.34B Payment for Services Provided by Physician Assistants: Nebraska Medicaid covers services of physician assistants to the extent that they are legally authorized to practice in Nebraska. Payment to physician assistants is made to the physician provider group number with whom the physician assistant is enrolled. When payment is made to the physician group, the physician is responsible for payment to the physician assistant. Payment for physician assistant services is made according to 471 NAC 18-006. Claims for services provided by physician assistants must be submitted on Form CMS-1500 or the standard electronic Health Care Claim:

Professional transaction (ASC X12N 837) under the physician assistant's provider group number.

18-004.34C Nebraska Medicaid will not make payments to physicians assistants who are employed by a hospital.

~~18-004.35 Physicians' Mileage - Excluding Surgeons:~~ ~~NMAP Nebraska Medicaid may reimburse a physician for mileage for home, nursing facility, and ICF/MR visits. Payment is not made for mileage to a hospital. NMAP Nebraska Medicaid allows only one mileage charge per day for visits to a nursing facility or ICF/MR regardless of the number of clients treated.~~

~~The physician must indicate the point of origin, the place where services were rendered, and the total miles traveled on the appropriate claim form or electronic format (see Claim Submission Table at 471-000-49) as specified in claim submission instructions.~~

~~Payment for mileage is made according to the Nebraska Medicaid Practitioner Fee Schedule. The allowable amount under the fee schedule is calculated per mile, one way. The first ten miles are not included in the reimbursement.~~

~~Example: The physician travels from his/her office to the client's home to provide an examination. Total distance traveled one way is 30 miles. The correct number of miles to be claimed is 20. The description of service is: "Mileage from physician's office to patient's home, total mileage = 30."~~

~~18-004.35A Surgeons' Mileage: The Department does not reimburse surgeons for mileage on the day of surgery or for the 14-day postoperative period.~~